

CITY OF MILWAUKEE HEALTH DEPARTMENT - Consumer Environmental Health Division

841 North Broadway, Room 304, Milwaukee WI 53202

TEL: 414-286-3674 FAX: 414-286-5164

TEMPORARY FOOD LICENSE APPLICATION FOR FARMERS MARKETS

LICENSEE: _____ HOME TELEPHONE: _____
(Must be legal entity: Corporation, Individual(s) or Limited Partnership)

BUSINESS NAME: _____ BUSINESS TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME AND ADDRESS OF EACH MARKET YOU PLAN TO SELL AT	STALL NUMBER IF KNOWN	SCALE? (YES OR NO) IF YES, LIST SCALE CAPACITY	FOODS SOLD AT EACH MARKET	DAYS OF THE WEEK AND TIME OF THE DAY THAT FOOD IS SOLD AT EACH MARKET	DATE YOU WILL START SELLING FOOD THIS YEAR
1					
2					
3					
4					

SIGNATURE OF LICENSEE	DATE
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FOR OFFICE USE ONLY					
LICENSE FEES	MARKET 1	MARKET 2	MARKET 3	MARKET 4	ESTAB NUMBER
<input type="checkbox"/> FARMERS' MARKET FEE					PAYMENT REQ. NO.
<input type="checkbox"/> ADMINISTRATIVE FEE (Ag)					
<i>TOTAL TEMPORARY FOOD LICENSE FEES DUE:</i>					
<input type="checkbox"/> WEIGHTS AND MEASURES LICENSE (\$25 OR \$45)					DATE PAID
					TOTAL FEE DUE
<i>TOTAL FEE DUE:</i>					